

A Focus on Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)

END OF LIFE DECISIONS

Often, we do not want to think about what happens in the last years of our lives. But talking to the people close to us and making plans we are happy with, can make it easier for us and for the people in our lives.

This factsheet focuses on DNACPR, which may be useful for you, family members, friends, carers, or anyone who is important to you and in regular contact with you.

We hope this gives you the information you need to think about your choices and how your family and friends can help. You can also talk to a healthcare professional, doctor, or nurse.

WHAT IS CPR?

If your heart stops beating and your breathing stops, you are in Cardiopulmonary arrest. It is sometimes possible to restart your heart and breathing by using several types of emergency treatments called cardiopulmonary resuscitation (CPR).

This may include:

- repeatedly pushing down firmly on your chest
- using electric charges to try and restart your heart
- mouth-to-mouth breathing
- inflating your lungs using a mask over your nose and mouth or a tube inserted into your windpipe

HOW COULD CPR HELP AND ARE THERE ANY RISKS?

In an emergency, CPR would be attempted if there was a chance of success. If a person has a serious injury, suffers a heart attack and the heart and breathing stop, the priority is to save the person's life. Unless there is a DNACPR in place.

However, if a person is seriously ill and near the end of life, there may be no benefit to attempting resuscitation.

Some people make a full recovery following CPR, and some recover but have long-term health problems, some of which can be a result of the CPR itself. Most attempts at CPR are unsuccessful, despite the best efforts of all concerned. It depends on why the heart stopped and the person's general health.



WHEN IT IS DECIDED THAT CPR WILL NOT BE ATTEMPTED

The healthcare professional in charge of your care must make sure that you, the healthcare team, and your friends and family are told about and understand the decision. There will be a note in your health records that you are 'not for cardiopulmonary resuscitation' or 'Do Not Attempt Cardiopulmonary Resuscitation.' Which is written on a special form.

The healthcare team will continue to give you the best possible care.

If you disagree with the decision, you can ask for a second opinion.

Neither you nor your family can insist that CPR is attempted. The law says that a doctor does not need your consent to put a DNACPR in place. The law does give you the right to be involved in, and informed of, the doctor's DNACPR decision.

WHAT IF YOU DO NOT WANT TO DISCUSS CPR?

If you do not want to discuss CPR you do not have to, and you should not be rushed into talking about it or deciding.

CAN MY FAMILY OR FRIENDS DECIDE FOR ME?

If you are unable to decide about whether you would choose to have CPR, your family, friends, or carers should be asked on your behalf as part of the best interest decision making process. This is when the decision would be made for you, but your family and friends are not allowed to decide for you – the doctor will make the final decision.

In some cases, a family member may have a lasting power of attorney (LPA) which covers health and care (including healthcare and consent to medical treatment). This allows them to make decisions to accept or refuse treatment on your behalf; however, for life saving treatment, you will need to be clear when appointing an attorney, that you want them to have this authority.

If you do not have any family or friends and you are unable to make the decision, an Independent Mental Capacity Advocacy (IMCA) may be able to support you. The IMCA is there to check that the best interests' principle, set out in the Mental Capacity Act 2005, has been followed, to make sure that your wishes and feelings have been considered. The IMCA can also seek a second medical opinion, if necessary, on your behalf.



HOW IS THE DNACPR DECISION RECORDED?

A clinician will complete the DNACPR form, which states why the decision was made, and that you have been involved in the decision.

The healthcare professional will make sure that you have a copy if you are going home, or it will be kept in your healthcare records whilst in hospital or healthcare setting. Upon discharge from hospital, the decision should be reviewed within seven days.

DOES IT MATTER HOW OLD YOU ARE OR THAT YOU HAVE A DISABILITY?

No. What is important is your current health, your current wishes, and the likelihood of the healthcare team being able to achieve a successful outcome. Age alone does not affect the decision, nor does the fact that you have a disability. This would be classed as discrimination.

WHAT IF YOU CHANGE YOUR MIND?

The healthcare team will review decisions about CPR regularly, depending on your condition and whether you have changed your mind. You can change your mind at any time and talk to any of the healthcare team caring for you. If you do change your mind, make sure your care records have been updated with your decision and your medical records have been changed.

If you have not had the chance to have a proper discussion with your care team, or you are not happy with the outcome, you have the right to a second opinion. Keep asking questions until you understand all you need to.

Would you like more information?

Resuscitation Council UK: www.resus.org.uk

Compassion in Dying: www.compassionindying.org.uk

NHS: [Do not attempt cardiopulmonary resuscitation \(DNACPR\) decisions - NHS \(www.nhs.uk\)](#)

